



Swim Lesson Registration Form

Talbot County Department of Parks and Recreation

10028 Ocean Gateway

Easton, MD 21601

Phone: 41-770-8050

Rick Towle

Parks and Recreation, Director

TTY: 410-822-8735

Fax: 410-822-7107

George Murphy Community Pool

501 Port Street, Easton, MD

410-820-7306

Bay One Hundred Community Pool

911 South Talbot Street, St. Michaels, MD

410-745-6592

For what session are you registering? (Please check all that apply)

SESSION 1 _____ SESSION 2 _____ SESSION 3 _____ SESSION 4 _____ SESSION 5 _____

What LEVEL (Time)? _____ **Location?** (Please check one) **George Murphy** _____ **St. Michaels** _____

Participant Information

Name: _____ Age: _____ Gender (M/F) _____ Birthday _____

Address: _____ City: _____ State _____ Zip _____

Swimming experience? _____

Parent/Guardian Information

Name of Parent/ Guardian: _____ Relationship: _____

Home Phone Number: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Emergency Contact (other than Parent) Name: _____ Phone: (____) _____

Relationship to participant: _____

Medical Information

Please list all allergies or recreation-induced conditions your child may have. (i.e. Bee stings, asthma, physical limitations such as visual, hearing or heart conditions). Please include all current medication you child is taking.

I acknowledge that I have a complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, it's officers, agents, and employees, harmless from and against all liability, claims actions, suits, damages, loss, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program(s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. **Signature of Parent or Legal Guardian:** _____ **Date:** _____

(If participant is under the age of 18, parent/guardian signature is required)

Type of Payment:

Official Use Only

CASH _____ CHECK # _____ DATE RECEIVED _____ RECEIVED BY _____